

<b>Issue Classification</b>		Application No.	Applicant(s)
		09/764,710	KONKEL ET AL.
Examiner		Art Unit	
Andrea D Small		1626	

ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
514	253.11	514	253.12
INTERNATIONAL CLASSIFICATION		514	360 365
7 6 1 P	43 100		
7 6 1 K	31 1495		
C 0 7 D	40 11 02		
	/		
	/		
<i>Andrea D. Small</i> ANDREA D. SMALL (Assistant Examiner) (Date) 7/22/03		DEBORAH C. LAMBKIN PRIMARY EXAMINER <i>Deborah C. Lambkin</i> (Primary Examiner) (Date) 7/24/03	
(Legal Instruments Examiner) (Date)		Total Claims Allowed: <b>38</b> O.G. Print Claim(s) / O.G. Print Fig. <b>NONE</b>	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	22	31	61	91	121	151
36	2	23	32	62	92	122	152
37	3	24	33	63	93	123	153
38	4	25	34	64	94	124	154
5		26	35	65	95	125	155
6		27	36	66	96	126	156
1	7	28	37	67	97	127	157
2	8	29	38	68	98	128	158
3	9	30	39	69	99	129	159
4	10	31	40	70	100	130	160
5	11	32	41	71	101	131	161
6	12	33	42	72	102	132	162
13		34	43	73	103	133	163
14		35	44	74	104	134	164
15			45	75	105	135	165
7	16		46	76	106	136	166
8	17		47	77	107	137	167
9	18		48	78	108	138	168
10	19		49	79	109	139	169
11	20		50	80	110	140	170
12	21		51	81	111	141	171
13	22		52	82	112	142	172
14	23		53	83	113	143	173
15	24		54	84	114	144	174
16	25		55	85	115	145	175
17	26		56	86	116	146	176
18	27		57	87	117	147	177
19	28		58	88	118	148	178
20	29		59	89	119	149	179
21	30		60	90	120	150	180

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KC	SC6705	05/01/01
RESPONSE FORMALITY REVIEW	TSP	110	8-24-01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	Original
36 2	0 = =
37 3	0 = =
38 4	0 = =
39 5	✓ = =
40 6	✓ = =
41 7	0 = =
42 8	0 = =
43 9	0 = =
44 10	0 = =
45 11	0 = =
46 12	0 = =
47 13	✓ = =
48 14	M 0 =
49 15	✓ 0 =
50 16	0 0 =
51 17	0 0 =
52 18	0 0 =
53 19	0 0 =
54 20	0 0 =
55 21	0 0 =
56 22	0 0 =
57 23	0 0 =
58 24	0 0 =
59 25	0 0 =
60 26	✓ 0 =
61 27	0 0 =
62 28	0 0 =
63 29	✓ 0 =
64 30	✓ 0 =
65 31	0 0 =
66 32	✓ 0 =
67 33	0 0 =
68 34	0 0 =
69 35	0 0 =
70 36	✓ 0 =
71 37	0 0 =
72 38	C 0 =
73 39	= 0 =
74 40	= 0 =
75 41	✓ = 0 =
76 42	✓ = 0 =
77 43	✓ = 0 =
78 44	✓ = 0 =
79 45	
80 46	
81 47	
82 48	
83 49	
84 50	

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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